## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	" ANGULARLY	ADJUSTABLI	E KEYBOARD SUPPO	DRT BRACKET"		•			
Fill in Appropriate	the specification of w	hich is attached l	hereto. If not attached her	reio.					
Information -	the specification	was filed on	•						
For Use Without	United States Application Number								
Specification	(it applicable) and for								
Attached:	uic specuicauori		- DCT						
	International Ap	plication Number	21		as I C I				
	amended under	PCT Article 19 o		(if an	aliu was				
	International Application Number								
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for								
	application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
Insert Priority	Prior Foreign Application(s)				Priority (	Claimed			
Information:									
(if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
				,					
	(Number)	(Country)		(Month/Day/Year Filed)	☐ Yes	No ·			
•	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
					_	•			
	(Number)	(Country)	· .	(Month/Day/Year Filed)	☐ Yes	□ No			
	I hereby claim the be	nefit under Title	35, United States Code, §	119(e) of any United States provisiona	l applications(s) l	isted below.			
Insert Provisional									
Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	Date of Filing (Mon	th/Day/Year)				
Insert Requested Information: (if appropriate)				· · · · · · · · · · · · · · · · · · ·					
	application in the ma	inner provided b	y the first paragraph of Ti	20 of any United States and/or PCT application is not disclosed in the pritle 35, United States Code, §112, I acl Title 37, Code of Federal Regulations or PCT international filing date of the	or United States cnowledge the du	and/or PCT			
Insert Prior U.S.									
Application(s): (if any)	(Application Numbe	г)	(Filing Date)	(Status - patented, p	ending, abandon	ed)			
Page 1 of 2	(Application Numbe	τ)	(Filing Date)	(Status - patented, p	ending, abandon	ed)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

all Name of First or Sole Inventor: sert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	1 70/	DATE*					
Inventor → sert Date This Document is Signed	Sheng-Hsiung LIN	Sheng-Hsiung	LINI	2004.03.30					
ssert Residence ssert Citizenship →	Residence (City, State & Country)	0	CITIZENSH	IP .					
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	MAILING ADDRESS (Complete Street Address including City, State & Country)								
rull Name of Third hwentor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHI	P					
	MAILING ADDRESS (Complete Street Address	including City, State & Country)							
Full Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above				DATE.					
	Residence (City, State & Country)		CITIZENSHI	P					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fifth	GIVEN NAME/FAMILY NAME	INTERMODIC CLONE AND TO							
Inventor, if any: see above	GIVEN NAME, TAMIET NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of South Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
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\*DATE OF SIGNATURE